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Bib Data Sheet

CONFIRMATION NO. 6617

<b>SERIAL NUMBER</b> 09/867,813	<b>FILING DATE</b> 05/30/2001	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1616	<b>ATTORNEY DOCKET NO.</b> 29785/10000								
<b>APPLICANTS</b> Gary W. Beall, Ferguson, MO;												
<b>** CONTINUING DATA *****</b>												
<b>** FOREIGN APPLICATIONS *****</b>												
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED.. SMALL ENTITY **</b>												
<table border="0"> <tr> <td>Foreign Priority claimed</td> <td><input type="checkbox"/> yes <input checked="" type="checkbox"/> no</td> <td rowspan="2"> <b>STATE OR COUNTRY</b> MO </td> <td rowspan="2"> <b>SHEETS DRAWING</b> 6 </td> <td rowspan="2"> <b>TOTAL CLAIMS</b> 25 </td> <td rowspan="2"> <b>INDEPENDENT CLAIMS</b> 2 </td> </tr> <tr> <td>35 USC 119 (a-d) conditions met</td> <td><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after</td> </tr> </table>					Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> MO	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 25	<b>INDEPENDENT CLAIMS</b> 2	35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after
Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> MO	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 25	<b>INDEPENDENT CLAIMS</b> 2							
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after											
<b>Verified and Acknowledged</b> Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>												
<b>ADDRESS</b> 04743												
<b>TITLE</b> Allergen absorbent, blocking, and deactivating compositions and method												
<b>FILING FEE RECEIVED</b> 400	<b>FEES: Authority has been given in Paper</b> No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:											
<table border="1"> <tr><td><input type="checkbox"/> All Fees</td></tr> <tr><td><input type="checkbox"/> 1.16 Fees ( Filing )</td></tr> <tr><td><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</td></tr> <tr><td><input type="checkbox"/> 1.18 Fees ( Issue )</td></tr> <tr><td><input type="checkbox"/> Other _____</td></tr> <tr><td><input type="checkbox"/> Credit</td></tr> </table>					<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees ( Filing )	<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )	<input type="checkbox"/> 1.18 Fees ( Issue )	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit		
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